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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) 655 Beach Street ADDRESS (number and street) Check if different than previously San Francisco CA 94109 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS **AMENDED** NEW C00196246 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2010 06 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Steven Rausch Type or Print Name of Treasurer Electronically Filed by Steven Rausch 09 20 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

A. Form/Schedule: F3XA

Transaction ID:

This amended July Monthly Report correctly discloses the contribution to Kurt Schrader on 6/18/10 with a designation for the General Election. We realized that the Primary had already occured for this candidate and changed the description on the check, but forgot to change the designation in our system. It was our intention for this contribution to go toward the General Election and the actual check issued to the candidate indicated it was for the General Election.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

3/90

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) D D [®]D 06 0 1 2010 0.6 3 0 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 774216.66 January 1 (b) Cash on Hand at 961385.47 Begining of Reporting Period 64657.48 491791.43 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1026042.95 1266008.09 6(a) and 6(c) for Column B) 100405.33 340370.47 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 925637.62 925637.62 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 90

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From: 0 6

D D D 1

2010

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^D 30

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	52331.05	391611.33
(ii) Unitemized	10165.02	88444.87
(iii) TOTAL (add Lines 11(a)(i) and (ii)	62496.07	480056.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	62496.07	480056.20
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made to Federal candidates and Other Political Committees	2000.00	7000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	161.41	4735.23
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
D. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	64657.48	491791.43
Total Federal Receipts (subtract Line 18(c) from Line 19)	64657.48	491791.43

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 90

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		1
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	077.02	10056.00
	Expenditures(c) Total Operating Expenditures	977.03	10356.83
	(add 21(a)(i), (a)(ii) and (b))	977.03	10356.83
22.	Transfers to Affiliated/Other Party		
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	96670.00	323670.00
24.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	T T		
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	2758.30	6343.64
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0750.00	004004
	(add Lines 28(a), (b), and (c))	2758.30	6343.64
29.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		3.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	100405.33	340370.47
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	100405.33	340370.47

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 90

III. Net Contributions/Operating	COLUMNIA	COLUMN B
Expenditures	COLUMN A Total This Period	Calendar Year-to-Date
3. Total Contributions (other than loans) from Line 11(d), page 3)	62496.07	480056.20
4. Total Contribution Refunds (from Line 28(d))	2758.30	6343.64
Net Contributions (other than loans) (subtract Line 34 from Line 33)	59737.77	473712.56
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	977.03	10356.83
C. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	977.03	10356.83

FE6AN026

Ada MI 49301-9559 FEC ID number of contributing federal political committee. Name of Employer Self Receipt For:	-	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Thomas Aaberg, Jr. Mailing Address 2081 Hunters Run Northeast City State Zip Code Add Mil 49301-9559 FEC ID number of contributing federal political committee. B. Richard About Mailing Address Ucsf Beckman Vision Center 10 Koret Way K-301 City State Zip Code San Francisco CA 94143-0001 FEC ID number of contributing federal political committee. Name of Employer Occupation City State Zip Code San Francisco CA 94143-0001 FEC ID number of contributing federal political committee. Name of Employer Ophthamologist Receipt For: Primary General Ophthamologist Receipt For: Primary General Occupation Omar Almallah Mailing Address 20 Mule Road City State Zip Code Transaction ID: 476B94C2A1CC2C8C5 Amount of Each Receipt His Period Transaction Transaction Div. 476B94C2A1CC2C8C5 Amount of Each Receipt For: Primary General Occupation Ophthamologist Receipt For: Primary General Ophthamolog	7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
B. Richard Abboth Mailing Address Ucsf Beckman Vision Center 10 Koret Way K-301 City San Francisco CA 94143-0001 FEC ID number of contributing federal political committee. Name of Employer Self Primary General Other (specify) ▼ State Zip Code Address 20 Mule Road C. Omar Almallah Name of Employer Self C Date of Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	A .	Thomas Aaberg, Jr. Mailing Address 2081 Hunters Run No. City Ada FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State MI C Occupatio Ophtham	n nologist e Year-to-Date ▼	Transaction ID: 44DFB19E2D274A4C66A7 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYM-
C. Omar Almaliah Mailing Address 20 Mule Road City State Zip Code Toms River NJ 08755-5028 FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 4229A28925257F66A99 Amount of Each Receipt this Period Doccupation Ophthamologist Aggregate Year-to-Date ▼ 150.00	В.	Richard Abbott Mailing Address Ucsf Beckman Vision 10 Koret Way K-301 City San Francisco FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State CA C Occupatio Ophtham	94143-0001 n nologist e Year-to-Date	Transaction ID: 476B94C2A1CC2C8C5703 Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYME-
SUBTOTAL of Receipts This Page (optional)	c.	Omar Almallah Mailing Address 20 Mule Road City Toms River FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	NJ C Occupatio Ophtham	n nologist e Year-to-Date ▼	Transaction ID: 4229A28925257F66A950 Amount of Each Receipt this Period 50.00
		SUBTOTAL of Receipts This Page (optional)			150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 90 (check only one) X 11a
\	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Andrew Antoszyk Mailing Address 5911 Laurium Road	Chala	7in Codo	Date of Receipt 0 6 17 2010
	City Charlotte FEC ID number of contributing federal political committee.	State NC	Zip Code 28226-5615	Transaction ID: 5BA242CFC219667E93I Amount of Each Receipt this Period 1000.00
	Name of Employer Self Receipt For: Primary General	Occupatio Ophtham Aggregate		7
_ B.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Jorge Arroyo Mailing Address 50 Edgehill Road	0 0		Date of Receipt 0 6 2 4 2 0 1 0
	City Brookline FEC ID number of contributing federal political committee.	State MA	Zip Code 02445-7722	Transaction ID: C005A708-D649-43F3- Amount of Each Receipt this Period 1000.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupatio Ophtham Aggregate		
- C.	Full Name (Last, First, Middle Initial) Harold Ballitch Mailing Address 1991 Park Avenue W			Date of Receipt 0 6 2 3 2 0 1 0
	City Mansfield FEC ID number of contributing federal political committee.	State OH	Zip Code 44906-2233	Transaction ID: 26D808D3BBE620B80 Amount of Each Receipt this Period 2365.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupatio Ophtham Aggregate		
Γ	SUBTOTAL of Receipts This Page (optional)			4365.00

East China MII 48054-2931 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Mailing Address Suite 202 160 Heritage Way City State Zip Code MT 59901-3127 FEC ID number of contributing federal political committee. Name of Employer Self Primary General Other (specify) ▼ State Zip Code MT 59901-3127 FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Self Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt MT APPROVED AND SETTLED C. James Bennett Mailing Address 2475 5th St. N Date of Receipt To Journal Aggregate Year-to-Date ▼ Date of Receipt MT APPROVED AND SETTLED Date of Receipt To Journal Aggregate Year-to-Date ▼ Date of Receipt MT APPROVED AND SETTLED Date of Receipt Journal Aggregate Year-to-Date ▼ Date of Receipt MT APPROVED AND SETTLED Date of Receipt Journal Aggregate Year-to-Date ▼ Date of Receipt James Bennett Mailing Address 2475 5th St. N		SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 90 (check only one) X
A. EMichael Balok Mailing Address 4050 River Road City East China FEC ID number of contributing federal political committee. Name of Employer Self B. Roger Affect Barin Mailing Address Suite 202 160 Heritage Way City State Zip Code MT 59901-3127 FEC ID number of contributing federal political committee. C. Date of Receipt this Period Primary General Other (specify) ▼ Date of Receipt this Period Transaction to: 983A33EDBD5731DFB Amount of Each Receipt this Period Amount of Each Receipt this Period Primary General Other (specify) ▼ Date of Receipt Transaction to: 993A33EDBD5731DFB Amount of Each Receipt this Period Date of Receipt Transaction to: 40DE9E7C2D1CSB8D0 Amount of Each Receipt this Period Each of Paceipt Transaction to: 40DE9E7C2D1CSB8D0 Amount of Each Receipt this Period Each of Paceipt Transaction to: 40DE9E7C2D1CSB8D0 Amount of Each Receipt this Period Each of Paceipt Transaction to: 40DE9E7C2D1CSB8D0 Amount of Each Receipt this Period Each of Paceipt Transaction to: 40DE9E7C2D1CSB8D0 Transaction to: 40DE9E7C2D1CSB8D0 Amount of Each Receipt this Period Each of Paceipt Transaction to: 40DE9E7C2D1CSB8D0 Transaction to: 40DE9E7C2D1CSB8D0 Amount of Each Receipt this Period Each of Paceipt Transaction to: 40DE9E7C2D1CSB8D0 Transaction to: 40DE9E7C		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
B. Roger Alfred Barth Mailing Address Suite 202 160 Heritage Way City Kalispell FEC ID number of contributing federal political committee. Name of Employer Self Coty Mailing Address 2475 5th St. N City Columbus FEC ID number of contributing federal political committee. C. James Bennett Mailing Address 2475 5th St. N City Columbus FEC ID number of contributing federal political committee. C. James Bennett Mailing Address 2475 5th St. N City Columbus FEC ID number of contributing federal political committee. Name of Employer Self Cocupation Ophthamologist FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary Ophthamologist Receipt For: Primary Ophthamologist Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 Date of Receipt Transaction ID: 40DE9E7C2D1C5B8BD0 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	A .	E. Michael Balok Mailing Address 4050 River Road City East China FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	C Occupation Ophtham	48054-2931 n nologist e Year-to-Date ▼	Transaction ID: 9E3A33EF0BD5731DFB2 Amount of Each Receipt this Period
Mailing Address 2475 5th St. N City State Zip Code Transaction ID: 8AEBE01FFF91ABD7C2 Columbus MS 39705-2005 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	В.	Roger Alfred Barth Mailing Address Suite 202 160 Heritage Way City Kalispell FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	MT C Occupatio Ophtham	59901-3127 n nologist e Year-to-Date ▼	Transaction ID: 40DE9E7C2D1C5B8BD665 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYM-
SUBTOTAL of Receipts This Page (optional)	C.	James Bennett Mailing Address 2475 5th St. N City Columbus FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	MS C Occupatio Ophtham	39705-2005 n nologist e Year-to-Date ▼	Transaction ID: 8AEBE01FFF91ABD7C27 Amount of Each Receipt this Period
TOTAL This Period (last page this line number only)					1350.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Charles Birnbach Mailing Address 2821 Northup Way Suite 200 City Bellevue FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code WA 98004-1496 C Occupation Ophthamologist Aggregate Year-to-Date 800.00	Date of Receipt M M D D 2 0 1 0
В.	Full Name (Last, First, Middle Initial) William Blakemore Mailing Address 101 Mark Drive PO Box 1077 City Edenton FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NC 27932-1778 C Occupation Ophthamologist Aggregate Year-to-Date 490.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Stephen Blaydes Mailing Address PO Box 1380 City Bluefield FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code WV 24701-1380 C Occupation Ophthamologist Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 0 7 2 0 1 0 Transaction ID: DF8CF19B4C54EC383D5 Amount of Each Receipt this Period 365.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		440.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 90 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Steven Bodine Mailing Address Retina Consultations 915 Palmer Road City Bronxville FEC ID number of contributing federal political committee. Name of Employer Self	State NY C Occupation Ophtham		Date of Receipt M M M O D D O Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Timothy Bonner Mailing Address Suite 201 1542 Golf Course Road City Grand Rapids FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MN C Occupatior Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 677CC16B86342755EA6 Amount of Each Receipt this Period 365.00
_ C.	Full Name (Last, First, Middle Initial) Daniel Briceland Mailing Address 7101 E Carefree Drive PO Box 2960 City Carefree FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State AZ C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 0D352DBA0072C1661DA Amount of Each Receipt this Period 500.00
	SUBTOTAL of Receipts This Page (optional)		<u> </u>	915.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate so for each catego Detailed Summ	ory of the x and x	17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any politica	ed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee. PHTHPAC)	
A .	Full Name (Last, First, Middle Initial) Daniel Buckley Mailing Address Room 410 1800 Sullivan Avenue City Daly City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CA 94015-2224 C Occupation Ophthamologist Aggregate Year-to-Date ▼	Date of Receipt M M O D D O CONTROL OF TRANSACTION ID: 483B9AB16B75505E Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED	:9470
В.	Full Name (Last, First, Middle Initial) Robert Bullington Mailing Address Suite 280 4400 N 32nd Street City Phoenix FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code AZ 85018-3978 C Occupation Ophthamologist Aggregate Year-to-Date	Date of Receipt M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	:580
c.	Full Name (Last, First, Middle Initial) John Bullock, Jr. Mailing Address 400 Westhampton State City Richmond FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code VA 23226-3330 C Occupation Ophthamologist Aggregate Year-to-Date	Date of Receipt M M O O D O O O O O O O O O O O O O O O	
	SUBTOTAL of Receipts This Page (optional)		465.00	7

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 90 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Louis Cantor Mailing Address 455 Somerset Dr. W			Date of Receipt 0 6 0 2 2 2 0 1 0
	City Indianapolis FEC ID number of contributing	State IN C	Zip Code 46260-2919	Transaction ID: EC44B2A2D962660805D Amount of Each Receipt this Period 500.00
	Receipt For: Primary General	Occupation Ophtham		
– B.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Kristin Carter Mailing Address Suite 104	0 0	865.00	Date of Receipt
	5240 E Knight Drive City Tucson FEC ID number of contributing federal political committee.	State AZ	Zip Code 85712-2122	0 6
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophtham Aggregate]
С.	Full Name (Last, First, Middle Initial) Donald Cinotti Mailing Address 600 Pavonia Avenue 6th Floor City	State	Zip Code	Date of Receipt M
	Jersey City FEC ID number of contributing federal political committee.	C	07306-2932	Amount of Each Receipt this Period 100.00
	Name of Employer Self Receipt For: Primary General Other (specify)	Occupation Ophtham Aggregate		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	SUBTOTAL of Receipts This Page (optional)			1100.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Thomas Ciulla Mailing Address Suite 1050 200 W 103rd Street City Indianapolis	State IN	Zip Code 46290-1017	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Occupation Ophtham Aggregate	n	500.00
_ В.	Full Name (Last, First, Middle Initial) Robert Clark Mailing Address 1252 Hidden Lake Driv City	/e State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Bloomfield Hills FEC ID number of contributing federal political committee. Name of Employer Self	MI C Occupation		Amount of Each Receipt this Period 365.00
	Receipt For: Primary General Other (specify)	Ophthan Aggregate	nologist e Year-to-Date ▼ 365.00	
с.	Full Name (Last, First, Middle Initial) S. William Clark Mailing Address 502 Isabella Street			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Waycross FEC ID number of contributing federal political committee.	State GA	Zip Code 31501-3638	Transaction ID: 4CD1AAA3AF93E3EB3E7 Amount of Each Receipt this Period 416.66
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophtham Aggregate		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	SUBTOTAL of Receipts This Page (optional))	1281.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Statements may not be sold or used by any perse name and address of any political committee to Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Christopher Coad Mailing Address Chelsea Eye Assoc LI 157 West 19th Street City New York FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 10011 C Occupation Ophthamologist Aggregate Year-to-Date 225.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 46EEAD9390E01BD5330 Amount of Each Receipt this Period 25.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
Full Name (Last, First, Middle Initial) Sander M. Zeskin Cohen Mailing Address Suite 11 509 S Lenola Road City Moorestown FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NJ 08057-1556 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M D D 2 0 1 0
Full Name (Last, First, Middle Initial) Ronald Cole Mailing Address Mvt Visual Rehabilitat 1700 Alhambra Boule City Sacramento FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)		Date of Receipt M M M D D D Z 2010 Transaction ID: E997C586617EC90708F Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		375.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persidress of any political committee to	
	American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
۱.	Full Name (Last, First, Middle Initial) Glenn Cook			Date of Receipt
	Mailing Address Alvarado Eye Associa 5555 Reservoir Drive	06 15 2010		
	City	State	Zip Code	Transaction ID: 5AAF594B10494B797B6
	San Diego	CA	92120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupatio Ophtham		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Russell Crain	1		Date of Receipt
	Mailing Address Suite B 11011 Hefner Pointe	06 17 2010		
	City	State	Zip Code	Transaction ID: 48C692668E52FA8F5A
	Oklahoma City	OK	73120-5005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00 BATCH TOOL RECURRING PAYM-
	Name of Employer Self	Occupatio Ophtham		ENT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
 ;.	Full Name (Last, First, Middle Initial) Gerard D'Aversa			Date of Receipt
	Mailing Address 65 Roosevelt Avenue Suite 204			06 10 2010
	City	State	Zip Code	Transaction ID: 33FB914AB886F323C90
	Valley Stream	NY	11581-1106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupatio Ophtham		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
Г		1		780.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 90 (check only one) X 11a
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and add	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Martha Damaske Snearly Mailing Address 8055 Twin Oaks Drive City Broadview Heights FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State OH C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Robert Davidson Mailing Address Suite 110 1311 W Chandler Bou City Chandler FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State AZ C Occupation Ophtham	Zip Code 85224-6136	Date of Receipt M M M D D D D D D D D D D D D D D D D
	Full Name (Last, First, Middle Initial) Daniel Day Mailing Address 8401 Golden Valley F City Golden Valley FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MN C Occupation Ophtham		Date of Receipt M M M O B O B O CONTROL OF TRANSACTION ID: 4FDF870BBFF1EEA44B8 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	SUBTOTAL of Receipts This Page (optional) .			800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee or ogy Inc Political Committee (OPHTHPAC)	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Deegan Mailing Address Retina Group of Wa 6355 Walker Lane S City Alexandria FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Ashington Suite 502 State Zip Code VA 22310 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M M D D D Z 2 0 1 0 Transaction ID: 875C3A9DDC5B2E694BF Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Kevin Denny Mailing Address 2201 Webster Stree City San Francisco FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CA 94115-1820 C Occupation Ophthamologist Aggregate Year-to-Date 440.00	Date of Receipt M M M D D D Z D 1 D Transaction ID: F6D50B3E02EE4DCC5E Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Steven Dixon Mailing Address Suite 7 1111 E Ocean Aven City Lompoc FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CA 93436-2501 C Occupation Ophthamologist Aggregate Year-to-Date 250.00	Date of Receipt M M M J D D D 2 0 1 0 Transaction ID: 4BB4B0392E43B5F89D0 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
SUBTOTAL of Receipts This Page (optional)	915.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 90 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Statements may not be sold or used by any per e name and address of any political committee / Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) James Dooner Mailing Address Austin Retina Assoc 801 W 38th Street City Austin FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code TX 78705 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: 43CCA22662D5CEDDB31 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Full Name (Last, First, Middle Initial) John Downing Mailing Address 985 Matlock Road City Bowling Green FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code KY 42104-7408 C Occupation Ophthamologist Aggregate Year-to-Date 800.00	Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: 4C0AB73DF02C8B417FC Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Full Name (Last, First, Middle Initial) Shehab Ebrahim Mailing Address 4717 Woodland Aven City Metairie FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code LA 70002-1361 C Occupation Ophthamologist Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D D / 2010 Transaction ID: 4F489684E19701B85D1B Amount of Each Receipt this Period 100.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
SUBTOTAL of Receipts This Page (optional) .		200.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political committee	to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) John Thomas Edmonds Mailing Address Suite 101 3235 Academy Avenue City Portsmouth FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code VA 23703-3200 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 499.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Paul Andrew Edwards Mailing Address Suite 5A 1 Ford Place City Detroit FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code MI 48202-3450 C Occupation Ophthamologist Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y O 6 29 2010 Transaction ID: EB5F6371A7FBD494C1A Amount of Each Receipt this Period 1000.00
с.	Full Name (Last, First, Middle Initial) James Felch Mailing Address 117 Abbotsford Drive City Nashville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code TN 37215-2439 C Occupation Ophthamologist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 6 23 2010 Transaction ID: D130AC5D470CEC67BA Amount of Each Receipt this Period 365.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		1415.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) James Finegan Mailing Address 236 Roseberry Street City Phillipsburg FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NJ C Occupation Ophtham Aggregate		Date of Receipt M M M O G O G 2 0 1 0 Transaction ID: 475E8D2263C2E104BD3 Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
- В.	Full Name (Last, First, Middle Initial) William Fishkind Mailing Address 5599 N Oracle Road City Tucson FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State AZ C Occupation Ophtham Aggregate		Date of Receipt M M M D D D Z 2010 Transaction ID: 0E78F1CD789980CBBFF Amount of Each Receipt this Period 250.00
_ C.	Full Name (Last, First, Middle Initial) James Fly Mailing Address Suite 500 1190 N State Street City Jackson FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MS C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 7A41571CEF19B0EAD09 Amount of Each Receipt this Period 1050.00
	SUBTOTAL of Receipts This Page (optional)			1383.34

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Lawrence Goldberg Mailing Address 4957 38th Avenue N S City St. Petersburg FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State FL C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Warren Goldblatt Mailing Address 9 Hartswood Road City Dover FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NH C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) John Douglas Goosey Mailing Address 6545 Rutgers City Houston FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State TX C Occupation Ophtham Aggregate		Date of Receipt M M M
	SUBTOTAL of Receipts This Page (optional)			715.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	tatements may not be sold or used by any personame and address of any political committee to Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Graham Mailing Address Seton Health Center 711 W North Avenue S City Chicago FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Suite 206 State Zip Code IL 60610 C Occupation Ophthamologist Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Erich Groos Mailing Address 2400 Patterson St 2400 Patterson City Nashville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code TN 37203-1587 C Occupation Ophthamologist Aggregate Year-to-Date 250.02	Date of Receipt M M M D D D Z D 1 D Transaction ID: 4FC29AC8C65CD7216F5 Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Full Name (Last, First, Middle Initial) Richard Grostern Mailing Address 3424 N Leavitt Street City Chicago FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code IL 60618-6014 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		633.34

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Paul Gulbas Mailing Address 1201 N Mesa City El Paso FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State TX C Occupation Ophtham Aggregate		Date of Receipt M M M O D D O D O D O D O D O D O D O D
В.	Full Name (Last, First, Middle Initial) Mireille Hamparian Mailing Address 2355 Roanoke Road City San Marino FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CA C Occupation Ophtham Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
с.	Full Name (Last, First, Middle Initial) Cynthia Hampton Mailing Address Suite 204 451 Ruin Creek Road City Henderson FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NC C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / 2010 Transaction ID: 4BBC841D6F59C1703638 Amount of Each Receipt this Period 25.00 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	SUBTOTAL of Receipts This Page (optional) .)	125.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 90 (check only one) X 11a 11b 11c 12 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Cynthia Hampton Mailing Address Suite 204 451 Ruin Creek Road City Henderson FEC ID number of contributing federal political committee.	State NC	Zip Code 27536-5920	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 45638D6DFDAA8019DF72 Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYM-
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophtham Aggregate		EÑT APPROVED AND SETTLED"
В.	Full Name (Last, First, Middle Initial) Lawrence E. Hannon Mailing Address Suite 170 3545 S Tamarac Drive City Denver FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CO C Occupation Ophtham		Date of Receipt M M M D D D Z D 1 D Transaction ID: 4E37BAE74335B9230949 Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
С.	Full Name (Last, First, Middle Initial) David Harris, Jr. Mailing Address Suite 324 1928 Alcoa Highway City Knoxville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State TN C Occupatior Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 462A8E7FB92A37D67A93 Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	SUBTOTAL of Receipts This Page (optional)			216.68

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 90 (check only one) X
	Any information copied from such Reports and Statem or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	e and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Wilmington FEC ID number of contributing federal political committee. Name of Employer Self	State Zip Code NC 28403-5345 C Deccupation Ophthamologist Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	FEC ID number of contributing federal political committee. Name of Employer Self C	State Zip Code AL 35209-7271 C Decupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 816A233884CB6B6906F Amount of Each Receipt this Period 500.00
- C.	Boston FEC ID number of contributing federal political committee. Name of Employer Self	State Zip Code MA 02114-2539 C Decupation Ophthamologist Aggregate Year-to-Date 300.00	Date of Receipt M M J D D J 2010 Transaction ID: 4E958ECCEEAD6D84402 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	SUBTOTAL of Receipts This Page (optional)		600.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 90 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Jeffrey Heimer Mailing Address Heimer Eye Care Asso 1850 E Park Avenue S	oc Pc uite 304		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5E0B238C3D55E079800
	State College FEC ID number of contributing federal political committee.	C	16803-6706	Amount of Each Receipt this Period 365.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 365.00	
В.	Full Name (Last, First, Middle Initial) Michael Hodges Mailing Address 4322 Stonegarden Lar	ne		Date of Receipt
	City	State	Zip Code	0 6 0 5 2 0 1 0 Transaction ID: 426E8CA65A19B9D38BEC
	Newburgh	IN	47630-3701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self	Occupation Ophthan		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00]
C.	Full Name (Last, First, Middle Initial) Deborah Hoffert			Date of Receipt
	Mailing Address 12 Stillwater Avenue Suite 1			06 21 2010
	City	State ME	Zip Code	Transaction ID: 0EB41C526D57AAE047F
	Bangor FEC ID number of contributing federal political committee.	C	04401-3984	Amount of Each Receipt this Period 365.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			780.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	e name and ad	dress of any political committee t	oon for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) James Hoth Mailing Address 1378 Richland Avenu City	e State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Baton Rouge FEC ID number of contributing federal political committee.	LA	70806-6917	Amount of Each Receipt this Period 500.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupatio Ophtham Aggregate		
ь В.	Full Name (Last, First, Middle Initial) Seaborn Hunt Mailing Address Suite 201 3101 Southwest Colle	ege Road		Date of Receipt 0 6 0 5 2 0 1 0
	City Ocala FEC ID number of contributing federal political committee.	State FL	Zip Code 34474-7444	Transaction ID: 44CC8F71A6A0F9104273 Amount of Each Receipt this Period 100.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupatio Ophtham Aggregate		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
С.	Full Name (Last, First, Middle Initial) W. Jackson lliff Mailing Address Rear 7 4 W Rolling Crossroa	.ds State	Zip Code	Date of Receipt 0 6 3 0 2 0 1 0 Transaction ID: 46F2BFD499450B91A331
	Catonsville FEC ID number of contributing federal political committee.	MD	21228-6278	Amount of Each Receipt this Period 50.00
	Name of Employer Self Receipt For: Primary General	Occupatio Ophtham Aggregate		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)			650.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political committe	ee to solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Edward Isbey, III Mailing Address 8 Medical Park Drive City Asheville FEC ID number of contributing federal political committee.	State Zip Code NC 28803-2493	Date of Receipt M M M / D D / Y Y Y Y Y O 6 29 2010 Transaction ID: 43379E96275A647F257E Amount of Each Receipt this Period 83.34
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthamologist Aggregate Year-to-Date ▼ 250.02	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
В.	Full Name (Last, First, Middle Initial) Edward Jaeger Mailing Address 840 Walnut Street Suite 800 City Philadelphia	State Zip Code PA 19107-5109	Date of Receipt O 6 2 4 2 0 1 0 Transaction ID: DE538DAF0E493D128C/ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Occupation Ophthamologist Aggregate Year-to-Date ▼	250.00
- С.	Full Name (Last, First, Middle Initial) Donna Johnson Mailing Address 7257 South Jeffrey Bou		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago FEC ID number of contributing federal political committee.	State Zip Code IL 60649-3014 C	Amount of Each Receipt this Period 500.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthamologist Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		833.34

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	e name and addres	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Randolph Johnston Mailing Address 1300 E 20th Street City Cheyenne FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State WY C Occupation Ophthamolo Aggregate Yea	<u> </u>	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Lawrence Kahn Mailing Address 5881 E Sapphire Land City Paradise Valley FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State AZ C Occupation Ophthamolo Aggregate Yea	<u> </u>	Date of Receipt M M
С.	Full Name (Last, First, Middle Initial) Jeffrey Ketcham Mailing Address PO Box 134 City Red Wing FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MN C Occupation Ophthamolo Aggregate Yea		Date of Receipt M M M / D D / Y Y Y Y Y O 6 20 2010 Transaction ID: 44B1BB8575CC6B7FD20C Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	SUBTOTAL of Receipts This Page (optional) .			200.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	e name and add	dress of any political committee	to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Laura King Mailing Address 106 Brighton Road N City Atlanta FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State GA C Occupatio Ophtham		Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 90EBB9A4F0972AA11EE Amount of Each Receipt this Period 365.00
В.	Full Name (Last, First, Middle Initial) Patrick King Mailing Address 911 W Third City Yankton FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State SD C Occupatio Ophtham Aggregate		Date of Receipt M M Z D Z D Z D Z D Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) James Klein Mailing Address 21711 Greater Mack City St. Clair Shores FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MI C Occupatio Ophtham		Date of Receipt M M M
	SUBTOTAL of Receipts This Page (optional)			830.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 90 (check only one) X 11a 11b 11c 12 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pering the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Klimek Mailing Address 741 Broad Street City Waterford FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Extension State Zip Code CT 06385-1347 C Occupation Ophthamologist Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert Knox Mailing Address 3000 Rogers Ave City Fort Smith FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code AR 72901-4232 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: B100AAF91362060726F Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Douglas Kopp Mailing Address 2222 W 24th Stree Unit 10 City Plainview FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code TX 79072-1802 C Occupation Ophthamologist Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	nal)	600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political committee to	on for the purpose of soliciting contributions
A.	Full Name (Last, First, Middle Initial) Michael Korey Mailing Address 3982 North Milwaukee City Chicago FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Avenue State Zip Code IL 60641-2703 C Occupation Ophthamologist Aggregate Year-to-Date 515.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 1 7 2 0 1 0 Transaction ID: 40A8B448B531AAEDF45 Amount of Each Receipt this Period 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
В.	Full Name (Last, First, Middle Initial) Gregory Kwasny Mailing Address Suite 1030 2300 N Mayfair Road City Milwaukee FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code WI 53226-1556 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 1 7 2 0 1 0 Transaction ID: 5371CD65E20214EA7DB Amount of Each Receipt this Period 365.00
- C.	Full Name (Last, First, Middle Initial) Scott Lampert Mailing Address Suite 593 1100 Johnson Ferry Ro City Atlanta FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Occupation Ophthamologist Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y O 6 11 1 2 0 1 0 Transaction ID: 48B1CA6ECB4491E13CA Amount of Each Receipt this Period 365.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	•	755.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	e name and addre	ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Daniel Lange Mailing Address 1836 South Avenue City La Crosse FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State WI C Occupation Ophthamol Aggregate Yi	Zip Code 54601-5429 ogist ear-to-Date ▼ 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3C429E19CCD0F29F2AE Amount of Each Receipt this Period 365.00
В.	Full Name (Last, First, Middle Initial) Roger H. Langston Mailing Address Cleveland Clinic 9500 Euclid Avenue City Cleveland FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State OH C Occupation Ophthamol Aggregate Ye	· ·	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: D53CE93BD0996E65B45 Amount of Each Receipt this Period 365.00
- C.	Full Name (Last, First, Middle Initial) Scott Lanoux Mailing Address 2820 Napoleon Avenuate 900 City New Orleans FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State LA C Occupation Ophthamol	Zip Code 70115-8200 ogist ear-to-Date ▼ 225.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) .)	755.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	statements may not be sold or used by any personame and address of any political committee of the Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Julie Lee Mailing Address Suite 105 3950 Kresge Way City Louisville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code KY 40207-4637 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 29 2010 Transaction ID: FDC27FF3AFF011CC87 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Rick Leoni Mailing Address Suite A 203 Rue Louis Xiv City Lafayette FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code LA 70508-5736 C Occupation Ophthamologist Aggregate Year-to-Date 665.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Eric Lichtenstein Mailing Address 19213 Union Turnpike City Fresh Meadows FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 11366-1865 C Occupation Ophthamologist Aggregate Year-to-Date 1000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1550.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 36 / 90 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			
A.	Full Name (Last, First, Middle Initial) Peter Liggett Mailing Address 25 Greenbrier Road City Westport FEC ID number of contributing federal political committee.		'ip Code 06880	Date of Receipt M M M / D D / Y Y Y Y Y O 6 2 4 2 0 1 0 Transaction ID: F0FF66C0-C5EF-4EB4- Amount of Each Receipt this Period 1000.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthamologi Aggregate Year-		
В.	Full Name (Last, First, Middle Initial) Joseph Locascio, III Mailing Address 5170 US Route 60 E City	State Z	'ip Code	Date of Receipt M M
	Huntington FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Occupation Ophthamologi Aggregate Year-		Amount of Each Receipt this Period 365.00
- C.	Full Name (Last, First, Middle Initial) Ronald Lowery Mailing Address #10 Hospital Circle City Batesville		'ip Code 72501-7310	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthamologi Aggregate Year-		2500.00
	SUBTOTAL of Receipts This Page (optional))	3865.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 37 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
•	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and address o	f any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Scott MacRae Mailing Address Univ of Rochester - S 100 Meridian Centre S City	Suite 125	p Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Rochester FEC ID number of contributing federal political committee.	NY 1	4618	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthamologis Aggregate Year-t		
В.	Full Name (Last, First, Middle Initial) Jonathan Macy Mailing Address 8635 W 3rd Street St	uite 360W		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Los Angeles FEC ID number of contributing federal political committee.		p Code 0048-6149	Transaction ID: 46A383CD7ED9E665F109 Amount of Each Receipt this Period 50.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthamologis Aggregate Year-t		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
с.	Full Name (Last, First, Middle Initial) Ray Maizel Mailing Address 2224 Alaqua Drive	.I.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Longwood FEC ID number of contributing federal political committee.		p Code 2779-3100	Transaction ID: F1DAF93BED8FE3AC64A Amount of Each Receipt this Period 365.00
	Name of Employer Self Receipt For:	Occupation Ophthamologis		
	Primary General Other (specify) ▼	Aggregate Year-t	365.00	
	SUBTOTAL of Receipts This Page (optional)			1415.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 90 (check only one) X 11a
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Mark Mandel Mailing Address 1237 B Street City Hayward FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CA 94541-2915 C Occupation Ophthamologist Aggregate Year-to-Date 250.02	Date of Receipt M M M D D D 2 2 0 1 0 Transaction ID: 4B339040924DF472708E Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
В.	Full Name (Last, First, Middle Initial) Benjamin Mason Mailing Address 1110 Eagle Ridge Road City Cedar Falls FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code IA 50613-1514 C Occupation Ophthamologist Aggregate Year-to-Date 400.00	Date of Receipt M M D D 2 0 1 0
_ С.	Full Name (Last, First, Middle Initial) Rodney McCarthy Mailing Address Suite 170 2865 N Reynolds Road City Toledo FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code OH 43615-2076 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 300.00	Date of Receipt M
	SUBTOTAL of Receipts This Page (optional)		233.34

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 90 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Charles McCormick, III Mailing Address 30 N Emerson Avenue City Greenwood FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State IN C Occupatio Ophtham	nologist • Year-to-Date ▼ 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 91554BC3D2CA6A0B07 Amount of Each Receipt this Period 365.00
_ B.	Full Name (Last, First, Middle Initial) David McCullough Mailing Address 33 King Street City Stratford FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CT C Occupatio Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 6 1 1 1 2 0 1 0 Transaction ID: 657FBC3556BDFEDC4B Amount of Each Receipt this Period 365.00
_ C.	Full Name (Last, First, Middle Initial) John McGetrick Mailing Address Gessler Clinic 635 First St. N City Winter Haven FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State FL C Occupatio Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 01ED1E28479BA3E039E Amount of Each Receipt this Period 500.00
	SUBTOTAL of Receipts This Page (optional)			1230.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 90 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Calvin Mein Mailing Address 9480 Huebner Road Suite 310			Date of Receipt 0 6 2 0 2 0 1 0
	City	State	Zip Code	Transaction ID: 499AAC740E24D97F3C2E
	San Antonio FEC ID number of contributing federal political committee.	C	78240-1657	Amount of Each Receipt this Period 50.00
	Name of Employer Self	Occupatio Ophtham		BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify)	 	e Year-to-Date ▼ 800.00	
– В.	Full Name (Last, First, Middle Initial) James Merritt Mailing Address 8230 Walnut Hill Lane			Date of Receipt
	Suite 508	06 20 2010		
	City Dallas	State TX	Zip Code 75231-4400	Transaction ID: 4C2AA4534BBEDF91B9CB
	FEC ID number of contributing federal political committee.	C	73231-4400	Amount of Each Receipt this Period 50.00
	Name of Employer Self	Occupatio Ophtham		BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 465.00	
с. С.	Full Name (Last, First, Middle Initial) Mark Michels			Date of Receipt
	Mailing Address Suite 350 3399 Pga Boulevard			0 6 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: 4DB5A2E07A9ADF21C6B8
	Palm Beach Gardens FEC ID number of contributing federal political committee.	FL C	33410-2831	Amount of Each Receipt this Period 100.00
	Name of Employer Self	Occupatio Ophthan		BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)		1	200.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Aaron Miller Mailing Address Suite 4 13414 Medical Comple City Tomball FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	x Drive State Zip Code TX 77375-3333 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Alan Mindlin Mailing Address Suite 303 1750 S Telegraph Road City Bloomfield Hills FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48302-0179 C Occupation Ophthamologist Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Amalia Miranda Mailing Address Building A # 700 3435 Northwest 56th S City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	treet State Zip Code OK 73112-4448 C Occupation Ophthamologist Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		515.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Kamal Nassif Mailing Address #1155 2300 North Mayfair Ro City Milwaukee FEC ID number of contributing federal political committee. Name of Employer Self Receipt For:	State WI C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y O 6 11 1 2 0 1 0 Transaction ID: 44FA9AF65434251783A1 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
В.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Neahring Mailing Address 1309 Liberty Street So City Salem FEC ID number of contributing federal political committee. Name of Employer Self	outheast State OR C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Eric Nelson Mailing Address Suite W460 6405 France Avenue S City Edina FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	Aggregate State MN C Occupation Ophtham	Year-to-Date ▼ 300.00 Zip Code 55435-2189	Date of Receipt M M M O D D O 2 2 0 1 0 Transaction ID: 4146AD6288618F592378 Amount of Each Receipt this Period 25.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			125.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any pering the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Leo Neu, III Mailing Address 1265 E Primrose	Street	Date of Receipt		
City Springfield FEC ID number of contributing	State Zip Code MO 65804-4278	Transaction ID: 448E96ECE6FBBEFD93 Amount of Each Receipt this Period		
federal political committee. Name of Employer Self	Occupation Ophthamologist	BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) Matthew Niemeyer Mailing Address 795 N 5th Avenu	e	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Seguim	State Zip Code WA 98382-3080	Transaction ID: 38AB7F1C9DEB7F46C		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Self	Occupation Ophthamologist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) T. Michael Nork		Date of Receipt		
Mailing Address 600 Highland Av	Mailing Address 600 Highland Avenue F4/336			
City <u>Madison</u>	State Zip Code WI 53792-0001	Transaction ID: B08C1EE01122D9825E Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer Self	Occupation Ophthamologist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
	onal)	1550.00		

Any			13 14 15 16 17
7	or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. 5	Full Name (Last, First, Middle Initial) S. Richard Ombres, Jr. Mailing Address PO Box 190 City Christiansted FEC ID number of contributing ederal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code VI 00821-0190 C Occupation Ophthamologist Aggregate Year-to-Date 250.02	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 4330AD0E6DA497B3105/ Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
B. 1	Full Name (Last, First, Middle Initial) Laura Pallan Mailing Address 807 Timber Lane City Sewickley FEC ID number of contributing ederal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code PA 15143-8962 C Occupation Ophthamologist Aggregate Year-to-Date 349.00	Date of Receipt M M M / D D M 2 0 1 0 Transaction ID: 10D9CC34B7DF11045D3 Amount of Each Receipt this Period 199.00
C. 1	Full Name (Last, First, Middle Initial) Laura Pallan Mailing Address 807 Timber Lane City Sewickley FEC ID number of contributing rederal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code PA 15143-8962 C Occupation Ophthamologist Aggregate Year-to-Date 349.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SU	BTOTAL of Receipts This Page (optional)		307.34

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any period the name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Paul Pare Mailing Address 304 Southeast Ho City Stuart FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code FL 34994-2338 C Occupation Ophthamologist Aggregate Year-to-Date 300.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Sanjay Patel Mailing Address 1501 Redbud City McKinney FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code TX 75069-3226 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 2B2491DE1B01546DFE Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Maria Patterson Mailing Address 12690 W North Ar City Brookfield FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code WI 53005-4636 C Occupation Ophthamologist Aggregate Year-to-Date ▼	Date of Receipt M M
SUBTOTAL of Receipts This Page (option	nal)	575.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 90 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
` '	ogy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Jay Pepose		Date of Receipt
Mailing Address 1815 Clarkson Roa	06 29 2010	
City Chesterfield	State Zip Code MO 63017-5065	Transaction ID: 62EA34E13A06A58C8 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self	Occupation Ophthamologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Arthur Perry		Date of Receipt
Mailing Address Suite 310 9850 Genesee Aver	06 29 2010	
City	State Zip Code	Transaction ID: B3D3CE5615082973E
<u>La Jolla</u>	CA 92037-1208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self	Occupation Ophthamologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Daniel Petashnick		Date of Receipt
Mailing Address 732 Main Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 0C4DDD833C392AE6
Manchester FEC ID number of contributing federal political committee.	CT 06040-5106	Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthamologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	ıl)	1230.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Bryan Phillips			Date of Receipt
	Mailing Address 3807 Royal Portrush I City Naperville FEC ID number of contributing federal political committee.	State IL	Zip Code 60564-5916	Transaction ID: 43F5B2F9F37740B3501F Amount of Each Receipt this Period 50.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupatio Ophtham Aggregate		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
В.	Full Name (Last, First, Middle Initial) Dawn Phillips Mailing Address 1280 Windham Parkw	/ay		Date of Receipt 0 6 1 1 2 0 1 0
	City Romeoville FEC ID number of contributing federal political committee.	State IL	Zip Code 60446-1673	Transaction ID: 4A3CBB3379D9CE247113 Amount of Each Receipt this Period 50.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupatio Ophtham Aggregate		BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED
_ C.	Full Name (Last, First, Middle Initial) Alan Pollack Mailing Address 4660 Kenmore Avenue	e Suite 416		Date of Receipt
	City Alexandria FEC ID number of contributing	State VA	Zip Code 22304-1306	Transaction ID: 4E1C928C80C729DABE69 Amount of Each Receipt this Period 100.00
	Name of Employer Self	Occupatio Ophtham		BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1600.00	
	SUBTOTAL of Receipts This Page (optional))	200.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 90 (check only one) X 11a
,	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Norman Radtke Mailing Address Suite 240 3 Audubon Plaza Drive City Louisville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State KY C Occupation Ophthan		Date of Receipt M M
В.	Full Name (Last, First, Middle Initial) Matthew Reed Mailing Address 11800 Rock Landing E City Newport News FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State VA C Occupation Ophthan		Date of Receipt M M M / D D M 2 0 1 0 Transaction ID: 4335AC79589AC3DE8C3C Amount of Each Receipt this Period 100.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
C.	Full Name (Last, First, Middle Initial) Susan Jane Relf Mailing Address 5007 Matterhorn Drive City Duluth FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MN C Occupation Ophthan		Date of Receipt M M D D Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			515.00
	TOTAL This Period (last page this line number	only)		

_	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
1	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) David Richardson Mailing Address Suite P25 207 S Santa Anita Str City San Gabriel FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CA C Occupation Ophtham		Date of Receipt M M C 2 6 2 0 1 0 Transaction ID: 434CB134F6CE1F19AAF3 Amount of Each Receipt this Period 317.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
В.	Full Name (Last, First, Middle Initial) Christian Risser Mailing Address Suite 3030 9250 N 3rd Street City Phoenix FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State AZ C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: D3A54B5CF6B708865D2 Amount of Each Receipt this Period 365.00
c .	Full Name (Last, First, Middle Initial) Paul Rosenberg Mailing Address Ocusight Eye Care C 1015 Ridge Road City Webster FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NY C Occupation Ophtham		Date of Receipt M
	SUBTOTAL of Receipts This Page (optional)			732.00

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Ophthalmolo			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Leland Rosenblum Mailing Address Suite 201			Date of Receipt
	21 Upper Ragsdale I	<u>Drive</u> State	Zip Code	06 29 2010
	City Monterey	CA	93940-7860	Transaction ID: D7B2B641575E5788440 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	365.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
- В.	Full Name (Last, First, Middle Initial) Mark Ruchman Mailing Address Box 1446			Date of Receipt
	Maining Address Box 1440			06 11 2010
	City	State	Zip Code	Transaction ID: 043F9419-260B-4341-
	Washington	CT	06793	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
- C.	Full Name (Last, First, Middle Initial) Denise Satterfield			Date of Receipt
	Mailing Address 5301 F Street Suite	202		0 6 2 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 949B2F90F9BB26AA0C
	Sacramento	CA	95819-3221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·		1230.00
	TOTAL This Period (last page this line numb	er only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 90
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and add	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Todd Schneiderman Mailing Address Suite 203 9800 Levin Road Nort City Silverdale FEC ID number of contributing federal political committee. Name of Employer Self	State WA C Occupatio Ophtham	nologist	Date of Receipt M M
_	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1600.00	
В.	Full Name (Last, First, Middle Initial) David Schwartzfarb Mailing Address 5162 Linton Boulevard	Suite 203		Date of Receipt 0 6 0 8 2 0 1 0
	City Delray Beach FEC ID number of contributing federal political committee. Name of Employer Self	State FL C Occupatio Ophtham		Amount of Each Receipt this Period 365.00
	Receipt For: Primary General Other (specify) ▼	, ' ' '	e Year-to-Date ▼ 365.00	
С. С.	Full Name (Last, First, Middle Initial) Debra Shetlar Mailing Address Suite 112C 2002 Holcombe Boule	vard		Date of Receipt 0 6 2 3 2 0 1 0
	City Houston FEC ID number of contributing federal political committee.	State TX	Zip Code 77030-4211	Transaction ID: 38E79242F155FB84978 Amount of Each Receipt this Period 365.00
	Name of Employer Self	Occupatio Ophtham		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			830.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 90 (check only one) X 11a
,	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	, ,			
	Full Name (Last, First, Middle Initial) Mitsugu Shimmyo			Date of Receipt
	Mailing Address Suite 203 345 E 37th Street			0 6 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: A2B8585D636D921B1
	New York	NY	10016-3256	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For:	, ' ' 	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
_	Full Name (Last, First, Middle Initial) Edward Shubert			Date of Receipt
	Mailing Address Suite 405 17070 Red Oak Drive			06 29 2010
	City	State	Zip Code	Transaction ID: F76A9218716458AA3
	Houston	TX	77090-2616	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For:	, ' '	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		365.00	
_	Full Name (Last, First, Middle Initial) David Silverstone			Date of Receipt
	Mailing Address Suite 5B 40 Temple Street			0 6 25 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 769235E46F67A037F
	New Haven	СТ	06510-2715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For:	1 ' '	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		1095.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and strong commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Michael Singer Mailing Address 401 Happy Trail City San Antonio FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State TX C Occupation Ophthan Aggregate		Date of Receipt M M D D 2 1 2 0 1 0
<u>—</u> В.	Full Name (Last, First, Middle Initial) J. Geoffrey Slingsby Mailing Address 240 Minnesota Street City Rapid City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State SD C Occupation Ophthan Aggregate	Zip Code 57701-6200	Date of Receipt M M M / D D / Y Y Y Y Y O 6 10 2010 Transaction ID: B7961AE052D91A26486 Amount of Each Receipt this Period 500.00
 C.	Full Name (Last, First, Middle Initial) Peter Christian Smith Mailing Address Clearwater Eye and L 610 Lakeview Road City Clearwater FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State FL C Occupation Ophthan		Date of Receipt M M M / D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
[8	SUBTOTAL of Receipts This Page (optional) .			1865.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Scott So Mailing Address Suite 214 2100 Webster Street City San Francisco FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CA 94115-2375 C Occupation Ophthamologist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 6 1 9 2 0 1 0 Transaction ID: 458BB08DEA5E4D171E2I Amount of Each Receipt this Period 100.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
В.	Full Name (Last, First, Middle Initial) James Sprague Mailing Address 4851 Indian Lane North City Washington FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code DC 20016-3203 C Occupation ophthalmologist Aggregate Year-to-Date 300.00	Date of Receipt M M M O D D O D O D O D O D O D O D O D
C.	Full Name (Last, First, Middle Initial) Mitchell Brian Stein Mailing Address 69 S Moger Avenue City Mount Kisco FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 10549-2217 C Occupation Ophthamologist Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 1 3 2 0 1 0 Transaction ID: 46CBBA945814DC81409E Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	SUBTOTAL of Receipts This Page (optional)		200.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	Full Name (Last, First, Middle Initial) Michael Stewart Mailing Address Mayo Clinic 4500 San Pablo Road City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State FL C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C69CAB40834AF0D9DE0 Amount of Each Receipt this Period 865.00
- B.	Full Name (Last, First, Middle Initial) Drew Stoken Mailing Address 338 Alexander Spring I City Carlisle FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State PA C Occupation Ophtham	Zip Code 17015-9129	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) Donald Stone Mailing Address 748 Tuscany Way City Edmond FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State OK C Occupation Ophtham Aggregate		Date of Receipt M M / D D / Y Y Y Y Y O 6
	SUBTOTAL of Receipts This Page (optional)			965.00

_	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each Detailed	parate schedule(s) a category of the I Summary Page	FOR LINE NUMBER: PAGE 56 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	ne name and address of any	y political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Richard Storm Mailing Address 303 East Park Avenu City Long Beach FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Co	1-3600	Date of Receipt M M M / D D D / 2010 Transaction ID: 468FA2A8170E5AD0040D Amount of Each Receipt this Period 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
В.	Full Name (Last, First, Middle Initial) Shigemi Sugiki Mailing Address 1380 Lusitana Street City Honolulu FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Co	3-2443	Date of Receipt M M
С.	Full Name (Last, First, Middle Initial) Stephanie Sugin Mailing Address 1201 W Main Street City Waterbury FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Co	3-3105	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)		·····	150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 90 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmolog	y Inc Political	I Committee (OPHTHPAC)	
∠ A .	Full Name (Last, First, Middle Initial) Stephanie Sugin			Date of Receipt
	Mailing Address 1201 W Main Street S	Suite 100		0 6 1 7 2 0 1 0
	City	State CT	Zip Code	Transaction ID: 2A9F4D96-0700-4632-
	Waterbury FEC ID number of contributing	C	06708-3105	Amount of Each Receipt this Period 365.00
	federal political committee.			
	Name of Employer Self	Occupation Ophtham		
	Receipt For:	- ' 	e Year-to-Date ▼	
	Primary General Other (specify) ▼		880.00]
_ В.	Full Name (Last, First, Middle Initial) Kevin Sullivan	_		Date of Receipt
	Mailing Address 1759 Prestwick Dr.	0 6 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 3A292B5B-AC84-414B
	Inverness	<u>IL</u>	60067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00]
_ C.	Full Name (Last, First, Middle Initial) Michael Alton Sumsion			Date of Receipt
	Mailing Address 2801 Park Marina Dri	ve		06 23 2010
	City	State	Zip Code	Transaction ID: 0A4BE99C-3532-44BB
	Redding	CA	96001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		500.00	
Г				1230.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 90 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and addr	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/</u> /A.	Full Name (Last, First, Middle Initial) Ernest Sutcliffe Mailing Address Suite 330 65 Walnut Street City Wellesley FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MA C Occupation Ophthamo	Zip Code 02481-2154 blogist Year-to-Date ▼ 250.00	Date of Receipt M M M / D D D 2 2 0 1 0 Transaction ID: 08E00B34EFD701303DF Amount of Each Receipt this Period 250.00
_ B.	Full Name (Last, First, Middle Initial) Gary Tanner Mailing Address 10 Jacobs Lane City Newport News FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State VA C Occupation Ophthamo	Zip Code 23606-2815	Date of Receipt M M M / D D / Y Y Y Y Y O 6 2 0 2 0 1 0 Transaction ID: 5C335939-B09E-4846- Amount of Each Receipt this Period 500.00
_ C.	Full Name (Last, First, Middle Initial) Gary Tanner Mailing Address 10 Jacobs Ln City Newport News FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State VA C Occupation Ophthamo	Zip Code 23606-2815 blogist Year-to-Date ▼	Date of Receipt M M
	SUBTOTAL of Receipts This Page (optional)		······	800.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	ne name and addre	ess of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Victor Thomas Mailing Address Suite 111 225 W State Road 43 City Longwood FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State FL C Occupation Ophthamo	Zip Code 32750-4980 logist ′ear-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Alice Townshend Mailing Address 1905 Huebbe Parkwa City Beloit FEC ID number of contributing federal political committee.	State WI	Zip Code 53511-1842	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthamo Aggregate Y	logist ∕ear-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Randall Tozer Mailing Address 9811 N 95th Street Suite 101 City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State AZ C Occupation Ophthamo Aggregate Y	Zip Code 85258-4527 logist /ear-to-Date ▼ 406.67	Date of Receipt M M O G O G O G O G O G O G O G O G O G
SUBTOTAL of Receipts This Page (optional)			771.67

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 90 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Stanley Truhlsen Mailing Address 412 N 97th Court City Omaha FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NE C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 6 2 2 2 2 0 1 0 Transaction ID: 8AB1E32E4FAA749F565 Amount of Each Receipt this Period 250.00
В.	Full Name (Last, First, Middle Initial) Karen Ullian Mailing Address 1548 Ashley River Roa City Charleston FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State SC C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y O 6 1 7 2 0 1 0 Transaction ID: E5AAAF2B9843EDD195 Amount of Each Receipt this Period 1000.00
_ С.	Full Name (Last, First, Middle Initial) Michael Vrabec Mailing Address 21 Park Place City Appleton FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State WI C Occupatior Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y O 6 1 6 2 0 1 0 Transaction ID: FC81022E1FB718107F1 Amount of Each Receipt this Period 500.00
	SUBTOTAL of Receipts This Page (optional)			1750.00

Mailing Address 18 Old Stone Crossing	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Thomas Pater Ward Mailing Address 18 Old Stone Crossing City West Hartford CT 06117-1859 FEC ID number of contributing federal political committee. Fer ID number of contributing In the Aggregate Year-to-Date ▼ Primary Ophthamologist Receipt For: Parimary City State City Sta	NAME OF COMMITTEE (In Full)	**	son for the purpose of soliciting contributions to solicit contributions from such committee.
L. Andrew Watkins Mailing Address Suite 100 427 W 20th Street City State Zip Code TX 77008-2425 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Other (specify) ▼ State Zip Code Transaction ID: 4C408A3AB10D1D65/ Amount of Each Receipt this Period BATCH TOOL RECURRING PAYM-ENT APPROVED AND SETTLED Date of Receipt Transaction ID: 4C408A3AB10D1D65/ Amount of Each Receipt this Period BATCH TOOL RECURRING PAYM-ENT APPROVED AND SETTLED Date of Receipt Transaction ID: 4C408A3AB10D1D65/ Amount of Each Receipt this Period Date of Receipt For Transaction ID: 4C408A3AB10D1D65/ Amount of Each Receipt this Period Date of Receipt Transaction ID: DF119ECF39DAED28 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	Thomas Peter Ward Mailing Address 18 Old Stone Crossing City West Hartford FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State Zip Code CT 06117-1859 C Occupation Ophthamologist Aggregate Year-to-Date ▼	Transaction ID: 44338245C0DEFA403736 Amount of Each Receipt this Period 50.00
Gary Weiner Mailing Address 18 Crestview Drive City State Salina KS 67401-3586 FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Date of Receipt MM M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	L. Andrew Watkins Mailing Address Suite 100 427 W 20th Street City Houston FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	TX 77008-2425 C Occupation Ophthamologist Aggregate Year-to-Date ▼	Transaction ID: 4C408A3AB10D1D65ACDF Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYM-
SUBTOTAL of Receipts This Page (optional)	Gary Weiner Mailing Address 18 Crestview Drive City Salina FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	KS 67401-3586 C Occupation Ophthamologist Aggregate Year-to-Date ▼	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)		1100.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 90 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Aaron Weingeist Mailing Address 3934 S Americus Stree City Seattle FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State WA C Occupation Ophtham		Date of Receipt M M M O D D O 2010 Transaction ID: 4782B039CE598650B91C Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
В.	Full Name (Last, First, Middle Initial) Barry Welch Mailing Address 424 Yellowstone Aver Suite 110 City Cody FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State WY C Occupation Ophtham		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- С.	Full Name (Last, First, Middle Initial) John Wells, III Mailing Address 124 Sunset Court City West Columbia FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State SC C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 6 0 8 2 0 1 0 Transaction ID: 4FE8B7BB1EDD325D6BE Amount of Each Receipt this Period 100.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	SUBTOTAL of Receipts This Page (optional) .			233.34

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 90 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Izak Wessels Mailing Address 9616 Mountain Shadov City Chattanooga FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State TN C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Andrew Westfall Mailing Address 2450 12th Street South City Salem FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State OR C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y O 6 2 0 2 0 1 0 Transaction ID: 4A9B8008616A7990C68E Amount of Each Receipt this Period 100.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
- С.	Full Name (Last, First, Middle Initial) Amy Wexler Mailing Address 509 S Lenola Road Suite 11 City Lenola FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NJ C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			625.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Joseph Wilhelm Mailing Address 702 W Lake Lansing I City East Lansing FEC ID number of contributing federal political committee. Name of Employer	State MI C Occupatio	Zip Code 48823-8526	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Self Receipt For: Primary General Other (specify) ▼	Ophthan Aggregate	nologist e Year-to-Date ▼ 800.00	
В.	Full Name (Last, First, Middle Initial) Joseph Wilhelm Mailing Address 702 W Lake Lansing I	Road		Date of Receipt 0 6 0 5 2 0 1 0
	City East Lansing FEC ID number of contributing	State MI	Zip Code 48823-8526	Transaction ID: 4ECE8165924E85BB2BE6 Amount of Each Receipt this Period 50.00
	Receipt For: Primary Other (specify)	Occupation Ophthan		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
C.	Full Name (Last, First, Middle Initial) Curtis Winkler Mailing Address 7245 E Osborn Road Suite 4			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Scottsdale FEC ID number of contributing federal political committee.	State AZ	Zip Code 85251-6443	Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1050.00
	TOTAL This Period (last page this line number	only)		

Youngstown		SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Receipt For: Carol Ziel	A .	Lyn Yakubov Mailing Address	OH	44502	Transaction ID: 4AA6B9E0710F20FEA893 Amount of Each Receipt this Period 25.00 BATCH TOOL RECURRING PAYM-
B. Garol Ziel Mailing Address Suite 100 2025 Frontis Plaza Boulevard City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ 383.34 C. Full Name (Last, First, Middle Initial) City State Zip Code Primary General Other (specify) ▼ 383.34 Date of Receipt Transaction ID: 4C48B298DD53DC493D8 Amount of Each Receipt this Period FO.00 BATCH TOOL RECURRING PAYM-ENT APPROVED AND SETTLED Date of Receipt Transaction ID: 4C48B298DD53DC493D8 Amount of Each Receipt this Period FO.00 BATCH TOOL RECURRING PAYM-ENT APPROVED AND SETTLED Date of Receipt Transaction ID: 4C48B298DD53DC493D8 Amount of Each Receipt this Period FILL Name (Last, First, Middle Initial) Carol Ziel Date of Receipt Transaction ID: 49B0B8E6A16AB24870AI Amount of Each Receipt this Period Transaction ID: 49B0B8E6A16AB24870AI Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Docupation Ophthamologist Receipt For: Primary General Other (specify) ▼ 383.34		Receipt For: Primary General	<u> </u>	e Year-to-Date ▼]
C. Carol Ziel Mailing Address Suite 100 2025 Frontis Plaza Boulevard City State Zip Code Winston Salem NC 27103-5663 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 116.67	В.	Carol Ziel Mailing Address Suite 100 2025 Frontis Plaza Bou City Winston Salem FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State NC C Occupatio Ophtham	27103-5663 n nologist e Year-to-Date	Transaction ID: 4C48B298DD53DC493D85 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYM-
SUBTOTAL of Receipts This Page (optional)	C.	Carol Ziel Mailing Address Suite 100 2025 Frontis Plaza Bou City Winston Salem FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State NC C Occupatio Ophtham	27103-5663 n nologist e Year-to-Date	Transaction ID: 49B0B8E6A16AB24870AB Amount of Each Receipt this Period 41.67
		SUBTOTAL of Receipts This Page (optional)			116.67

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	for each category of the Detailed Summary Page d Statements may not be sold or used by any	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Raymond Zimmerman Mailing Address Suite 250 500 W Thomas Roa City Phoenix FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code AZ 85013-4215 C Occupation Ophthamologist Aggregate Year-to-Date 365.0	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AA8DAFEE2A3684AE8EB Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Harry Zink Mailing Address 3519 Friendsville Ro City Wooster FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code OH 44691-1241 C Occupation Ophthamologist Aggregate Year-to-Date 666.9	Date of Receipt M M M / D D / Y Y Y Y Y O 6 0 1 2 0 1 0 Transaction ID: 4AD4B21B90A27B4B7415 Amount of Each Receipt this Period 83.33 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	•	448.33
TOTAL This Period (last page this line number only)	•	52331.05

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 90 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	gy Inc Political Committee (OPHTHPAC	C)
Full Name (Last, First, Middle Initial) Friends of Ginny Brown-Waite Mailing Address PO Box 865		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 669DED98D2F2229CFD2
Brooksville FEC ID number of contributing federal political committee.	FL 34605	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Refund of General Election contribution in Mar2010
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	>	2000.00
TOTAL This Period (last page this line number only)	•	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 90 (check only one) 11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports and sor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Bank of America Mailing Address 101 S Marengo Avenu	10		Date of Receipt
Mailing Address 101 S Marengo Avenu 3rd Floor	ue		06 30 2010
City	State	Zip Code	Transaction ID: 551A191CEE5A4D4C0F3
Pasadena	CA	91101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		136.41
Name of Employer	Occupatio	n	CD interest - Jun 2010
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1170.23	

SUBTOTAL of Receipts This Page (optional)	•	 	136.41
TOTAL This Period (last page this line number only)	<u> </u>		136.41

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SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 69/90 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Transaction ID: 0C7887EDFBD27D060EF Wells Fargo Bank N.A. Date of Disbursement 3 Ŏ 0 6 2010 Mailing Address PO Box 63020 City State Zip Code Amount of Each Disbursement this Period San Francisco CA 94163 610.91 Purpose of Disbursement Bank charges - Jun 2010 001 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 84773EDD567BE8129E4 Wells Fargo Bank N.A. Date of Disbursement 3 Ŏ 0 6 2010 Mailing Address PO Box 63020 City State Zip Code Amount of Each Disbursement this Period San Francisco 94163 CA 366.12 Purpose of Disbursement AMEX discount - Jun 2010 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

			77.00
SUBTOTAL of Disbursements This Page (optional)	>	9	77.03
TOTAL This Period (last page this line number only)	•	9	77.03

Other (specify)

State:

	ENTER DISPURSEMENTS	Use separate schedule(s)	R LINE NUMBER: PAGE 70 / 90 eck only one)
	EMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 21 27 28a 28b 28c 29 3
	y Information copied from such Reports and State for commercial purposes, other than using the nar		
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Committee (OPHTHPAC	C)
•	Full Name (Last, First, Middle Initial) Bill Owens for Congress Mailing Address PO Box 1575		Transaction ID: 20844-10665529966 Date of Disbursement 0 6 M / D 1 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Amount of Each Disbursement this Period
	Plattsburgh	NY 12901	2500.00
	Purpose of Disbursement 2010 Primary Contribution Candidate Name	011 Categor	
		Type ement For: 2010 Primary General Other (specify)	
	Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md for Congress, Ir Mailing Address PO Box 80126	Transaction ID: 20310-90055483579 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
			24 10 2419
	City Lafayette	State Zip Code LA 70598	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name Charles W. Boustany, Jr.	011 Categor Type	ry/
	Office Sought: X House Disburs	ement For: 2010 Primary General Other (specify)	
	Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md for Congress, Ir	Transaction ID: 20310-99921816587 Date of Disbursement	
	Mailing Address PO Box 80126	06 09 / 2010	
			Amount of Each Disbursement this Period
	City Lafayette	State Zip Code LA 70598	
	Lafayette Purpose of Disbursement 2010 General		500.00
	Lafayette Purpose of Disbursement	LA 70598 011 Categor	500.00
	Lafayette Purpose of Disbursement 2010 General Candidate Name Charles W. Boustany, Jr.	LA 70598	500.00

SCHEDOLL B (I LC I OIIII 5X)	Use separate schedule(s	(check on	= NUMBER: PAGE /1 / 90 lv one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
Any Information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmolog	/ Inc Political Committee (OF	PHTHPAC)	
Full Name (Last, First, Middle Initial) Charlie Dent for Congress			Transaction ID: 68063-20985049009 Date of Disbursement
Mailing Address PO Box 442			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 1 \\ 0 & 1 \end{bmatrix} / \begin{bmatrix} 1 & 1 & 1 & 1 \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Allentown	State Zip Code PA 18105		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General		011	5000.00
Candidate Name Charles W. Dent		Category/ Type	
Senate President	bursement For: 2010 Primary X General Other (specify)		
State: PA District: 15 Full Name (Last, First, Middle Initial)			Transaction ID: 20844-34003847837
Common Values Pac			Date of Disbursement
Mailing Address 901 N Washington Suite 102		06 06 7 018 7 2010	
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary Contribution		011	2500.00
Candidate Name Common Values Pac		Category/ Type	
Senate President	bursement For: 2010 Primary General X Other (specify)		
Full Name (Last, First, Middle Initial) Congressman Waxman Campaign C	Transaction ID: 68063-17358034849 Date of Disbursement		
Mailing Address 6380 Wilshire Blvd.		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City Los Angeles	State Zip Code CA 90048		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 PRIMARY		011	1000.00
Candidate Name Henry A. Waxman		Category/ Type	
Office Sought: X House Discontinuous Senate President	bursement For: 2010 X Primary General Other (specify)	76.5	
State: CA District: 30			
SUBTOTAL of Disbursements This Page (opt	anal\	>	8500.00

П	EL113ED DIOD:: DOE:1-:	Use se	eparate schedule(s)		-OH (che	k only	one)							
	EMIZED DISBURSEMENTS	for each Detaile	ch category of the ed Summary Page		<u> </u>	1b	22 28a		23 28b	_	4 8c		25 29	26
	y Information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and add	ress of any political	comm	nitte	to soli								
\mathbb{L}	American Academy of Ophthalmolo	gy Inc Political	Committee (OP	ніні	PAC	5)								
,	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee Mailing Address 6380 Wilshire Blvd. #1612						Trans Date of		burse)63-6		6401 1 0	548
	City State Zip Code						Amou	nt of	Fach	Disbu	ırsem	ent tl	his Pe	riod
	Los Angeles	CA	90048				741100			51050				
	Purpose of Disbursement 2010 General Candidate Name				11 egor	<i>u</i> /		•	•			1500	0.00	
	Henry A. Waxman				уре	,,								
	Senate President	Disbursement For Primary Other (s												
—	State: CA District: 30 Full Name (Last, First, Middle Initial)													
	Continuing a Majority Party Action (burse	ment			9975 1 0	
	Mailing Address 5915 Eastman Avenue Suite 100						0 6		1	8		20	1 0	
	City Midland	State MI	Zip Code 48640				Amou	nt of	Each	Disbu				riod
	Midland Purpose of Disbursement 2010 Primary Contribution			-)11	Ţ	Amou	nt of	Each	Disbu		ent tl		riod
	Midland Purpose of Disbursement 2010 Primary Contribution Candidate Name Continuing a Majority Party Action O	MI	48640	Cat)11 egor ype	<i>y</i> /	Amou	nt of	Each	Disbu				riod
	Midland Purpose of Disbursement 2010 Primary Contribution Candidate Name Continuing a Majority Party Action (AC) Office Sought: House Senate President	MI	48640 MP- : 2010 General	Cat	egor	y/	Amou	nt of	Each	Disbu				riod
	Midland Purpose of Disbursement 2010 Primary Contribution Candidate Name Continuing a Majority Party Action (AC) Office Sought: House Senate President	MI Committee (CA Disbursement For Primary X Other (s	48640 MP- : 2010 General	Cat	egor	y/	Trans Date of	actio	n ID: burse	208 ment		2500	0.00	849
	Midland Purpose of Disbursement 2010 Primary Contribution Candidate Name Continuing a Majority Party Action (AC) Office Sought: House Senate President State: District: (C) Full Name (Last, First, Middle Initial)	MI Committee (CA Disbursement For Primary X Other (s Contribution	48640 MP- : 2010 General	Cat	egor	/ /	Trans Date of	actio	n ID:	208		2500	0.00	.849
	Midland Purpose of Disbursement 2010 Primary Contribution Candidate Name Continuing a Majority Party Action (AC) Office Sought: House Senate President State: District: (C) Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010 Mailing Address 5915 Eastman Av	MI Committee (CA Disbursement For Primary X Other (s Contribution	48640 MP- : 2010 General	Cat	egor	/ /	Trans Date o	actio of Diss	n ID: burse	208 ment	344-{ Y	2500 5017 Ž 0	70534 1 0 °	849
	Midland Purpose of Disbursement 2010 Primary Contribution Candidate Name Continuing a Majority Party Action (AC) Office Sought: House Senate President State: District: (C) Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010 Mailing Address 5915 Eastman Av Suite 100 City	MI Committee (CA Disbursement For Primary X Other (s Contribution enue State	48640 MP- : 2010	Cate	egor	y/	Trans Date of	actio of Diss	n ID: burse	208 ment	344-5 Y	2500 5017 Ž 0	0.00 70534 1 0	849
	Midland Purpose of Disbursement 2010 Primary Contribution Candidate Name Continuing a Majority Party Action (AC) Office Sought: House Senate President State: District: (C) Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010 Mailing Address 5915 Eastman Av Suite 100 City Midland Purpose of Disbursement	MI Committee (CA Disbursement For Primary X Other (s Contribution enue State	48640 MP- : 2010	Cate T	egorype		Trans Date of	actio of Diss	n ID: burse	208 ment	344-5 Y	2500 5017 2 0	0.00 70534 1 0	849
	Midland Purpose of Disbursement 2010 Primary Contribution Candidate Name Continuing a Majority Party Action (AC) Office Sought: House Senate President State: District: (C) Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010 Mailing Address 5915 Eastman Av Suite 100 City Midland Purpose of Disbursement Event date: 6/22/10 Candidate Name Dave Camp	MI Committee (CA Disbursement For X Other (s Contribution State MI Disbursement For Primary	48640 MP- : 2010	Cate T	egorrype		Trans Date of	actio of Diss	n ID: burse	208 ment	344-5 Y	2500 5017 2 0	0.00 70534 1 0	849

TEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 X 23 28 28 28 28 28 28 28	SCHEDULE B (FEC FO	•		arate schedule(s)			OR LINE		R:		L P	PAGE	73 / 9	0
Amount of Each Disbursement 1500.00 City State: MI District: 04 Full Name (Last, First, Middle Initial) Dave Camp Office Sought: X House President State: GA Disbursement 2010 City Senate President State: GA Disbursement 2010 City General Candidate Name David Albert Scott Office Sought: X House President State: GA Disbursement 2010 City General President State: ND District: 01 Full Name (Last, First, Middle Initial) David Scott for Congress City Senate President State: ND District: 01 Full Name (Last, First, Middle Initial) David Scott for Congress City Senate President State: ND District: 01 Full Name (Last, First, Middle Initial) David Scott for Congress City Senate President Category Type Transaction ID: 68063-5463983-Date of Disbursement For: 2010 City Senate President Category Type Transaction ID: 20844-9045221: Date of Disbursement For: 2010 City Senate President Category Type Transaction ID: 20844-9045221: Date of Disbursement Ibis President City Senate President Category Type Transaction ID: 20844-9045221: Date of Disbursement Date of Disbursement Ibis President Candidate Name Category Type City Sanate President Candidate Name Category Input Category Type City Sanate President Candidate Name Category Type City	ITEMIZED DISBURSEM	ENTS					21b	22	X			, F	1	20
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NAME OF COMMITTEE (In Full) American Academy of Ophthaln	ology Inc Political Committee (OPF	HTHPAC)	
Full Name (Last, First, Middle Initial) Fund for the Majority			Transaction ID: 68063-238643825054 Date of Disbursement
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	Mailing Address PO Box 3 Suite 240	314				06 / 18	2010
	City Oregon City	Sta OF				Amount of Each Di	sbursement this Period
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	Mailing Address PO Box 5	40098				06 18	['] 2010 [']
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Candidate Name William J. Pascrell, Jr.	Category/	
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State: NJ District: 08 Full Name (Last, First, Middle Initial)		Transaction ID: 20844-9540674090
Paul Broun Committee		Date of Disbursement
Mailing Address PO Box 1512		06 M / 18 / Y 2010 Y
City Athens	State Zip Code GA 30601	Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) Paul Tonko for Congress		Transaction ID: 20844-8489496111 Date of Disbursement
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	Full Name (Last, First, Middle Initial) Susan Davis for Congress					Date	of Disbu	D: 680			
	Mailing Address 1212 S. Victory Blvd. Suite 200					0 6	M / [01	Ž Ž	0 1 0	Y
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<u>/</u>	American Academy of Ophthalmology In	c Political Committee (OPHT	HPAC)	
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